

16711 U.S. PTO
11903

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	1826-310RI
	First Named Inventor	Ronald D McCallister
	Original Patent Number	6,104,761
	Original Patent Issue Date (Month/Day/Year)	08/15/2000
	Express Mail Label No.	EV155815087US

APPLICATION FOR REISSUE OF:
 (Check applicable box) Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Check in the amount of \$770.00 _____ _____

031282 U.S. PTO
 10/7/18507
 111903

18. CORRESPONDENCE ADDRESS

Customer Number: _____ OR Correspondence address below

Name	Lowell W. Gresham			
Address	Meschkow & Gresham, PLC 5727 North Seventh Street, Suite 409			
City	Phoenix	State	Arizona	Zip Code 85014
Country	United States	Telephone	(602)274-6996	Fax (602)274-6970

Name (Print/Type)	Lowell W. Gresham	Registration No. (Attorney/Agent)	31,165
Signature	<i>Lowell W. Gresham</i>	Date	11/19/2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald D. McCallister, et al.

Serial No.:

Filed: HEREWITH

For: **CONSTRAINED-ENVELOPE DIGITAL-COMMUNICATIONS TRANSMISSION SYSTEM
AND METHOD THEREFOR**

CERTIFICATE OF MAILING BY EXPRESS MAIL

"Express Mail" mailing label number EV155815087US

Date of Deposit 19 November 2003

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

I hereby certify that this correspondence, consisting of this Certificate of Mailing by Express Mailing, Reissue Patent Application Transmittal Form; Reissue Fee Transmittal Form (in duplicate); Preliminary Amendment; Copy of Issued Patent; Four (4) sheets of drawings and three (3) copies of same; Original Letters Patent; Reissue Application Declaration by the Assignee; Reissue Application: Consent of Assignee; Statement of Non-Assignment; Information Disclosure Statement and copies of references cited; Statement under 37 CFR 3.73(b); Check in the amount of \$770.00 for filing fee; and a Postcard is being deposited in the United States Postal Service as Express Mail in an envelope addressed to:

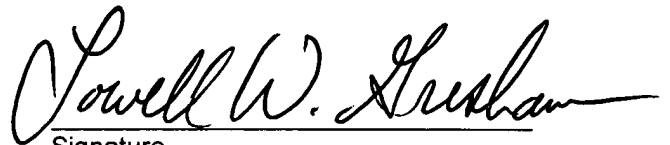
Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on

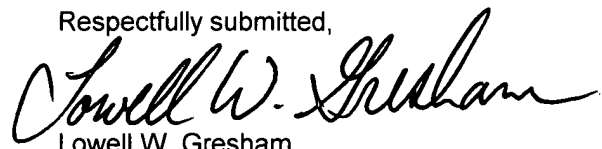
19 Nov. 2003
Date

19 November 2003

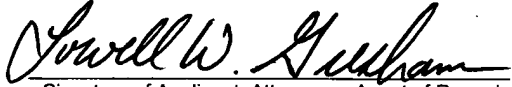
MESCHKOW & GRESHAM, P.L.C.
5727 North Seventh Street
Suite 409
Phoenix, Arizona 85014
602-274-6996


Signature

Respectfully submitted,


Lowell W. Gresham
Attorney for Applicant
Registration No. 31,165

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1826-310R1		
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	(A) 29	(B) 27	**** 0 =	x \$ _____ =	or	x \$ <u>18</u> =	0.00	
Independent claims (37 CFR 1.16(i))	(C) 3	(D) 3	* 0 =	x \$ _____ =		x \$ <u>86</u> =	0.00	
				Basic Fee (37 CFR 1.16(h))	\$ _____			
				Total Filing Fee	\$ _____	OR	\$ <u>770.00</u>	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 27	MINUS	** 29	* = 0	x \$ _____ =	x \$ <u>18</u> =	0.00	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ _____ =	x \$ <u>86</u> =	0.00	
					Total Additional Fee	\$ _____	OR	\$ 0.00
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>770.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
19 November 2003 Date				 Signature of Applicant, Attorney or Agent of Record				
31,165 Registration Number, if applicable				Lowell W. Gresham Typed or printed name				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.